

familiar fatality. To suppose that such sanitary authorities can permanently disavow an interest in this knowledge, or that public opinion will long hold them irresponsible for so monstrous a waste of life, would be to misunderstand the meaning of civilisation, or to belie the humanity of England.

I have the honour to be, Sir,

&c., &c., &c.

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PAPERS RELATING TO THE CONSTITUTION  
OF THE MEDICAL PROFESSION, &c.  
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PAPERS RELATING TO THE CONSTITUTION  
OF THE MEDICAL PROFESSION, AND  
TO THE OPERATION OF THE MEDICAL  
ACT, 1858.

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MEMORANDUM PREPARED IN 1858 BY THE MEDICAL OFFICER  
OF THE GENERAL BOARD OF HEALTH.

I. The objects which members of the Medical Profession desire to see realized by any legislation affecting their body, are understood to be chiefly these:—

1. that such legal definition be given to the term "qualified medical practitioner" as shall make it signify a person who has fulfilled certain conditions of age and education, and passed certain appointed examinations, and that none but persons in this sense legally qualified be competent to hold any public medical appointment, or to give any medical certificate, or to recover payment for any medical attendance;

2. that an authentic Register be kept for annual publication of all legally qualified medical practitioners;

3. that it be made a misdemeanour for any person falsely to assume a title or description implying him to be a legally qualified medical practitioner;

4. that the names of persons guilty of certain disgraceful offences be removable from the register;

5. that the legally qualified medical practitioner be entitled to practise equally in all parts of the United Kingdom without hindrance from any local restrictions.

It is believed that no valid objection will be raised to the fulfilment of these objects by legislation, if only, in the interests of the public, such fulfilment be made subject to this essential condition: that, if the "qualified medical

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"practitioner" is to be in any special sense recognized at law, and in even the smallest degree protected and privileged against competition, ample security must be taken as regards future admissions to the profession, that the *legally-qualified* medical practitioner shall be a *well-qualified* medical practitioner.

II. It thus becomes necessary to inquire into the constitution and practice of the present Examining Boards of the medical profession, and to consider how far the system under which they confer their respective titles furnishes that required security.

1. Titles purporting to certify the medical attainments of their bearers, may at the present moment be obtained from twenty-one\* different sources within the United Kingdom. These titles are given entirely without concert among the several institutions which award them, and without responsibility to any common authority. They represent twenty-one different standards, each fixed and varied at the discretion of the authority which applies it, of what is the minimum knowledge wherewith a candidate may properly be allowed to practise part or all of his profession; so that "Doctor," and "Physician," and "Surgeon," and "Apothecary," are words which have no general and settled meaning, either as to the kind and degree of education implied in each title respectively, or as to the sufficiency of the examination through which the bearer must have passed.

There are examining institutions which derive great part or the whole of their income, not as payment for the examinations they conduct (since rejected candidates commonly pay no fees) but as payment for the titles and certificates of approval which they bestow. Candidates, while the option is allowed them, naturally resort by preference to those tribunals where the requirements are least; and the income which institutions may derive from this preference increases in proportion as the examination is indulgently conducted.

\* This number includes two Aberdeen colleges, which have since been consolidated into one authority; and it includes the Archbishop of Canterbury.—J.S., 1870.

On what has taken place under this system, it may suffice to remark that within the profession itself, on occasions when medical reform has been agitated, and rival institutions have criticised each other's proceedings, there have been frequent and reciprocal imputations of the most disparaging kind. Not only has attention again and again been called to the virtual irresponsibility of the Examining Boards, and to the fact that for the most part their pecuniary interests militate against a strict performance of their public duty; but eminent members of institutions granting medical titles have asserted or insinuated against other examining institutions, that public confidence is wrongly reposed in them, and that their titles are insufficient evidences of professional qualification.

Existing members of the profession complain bitterly of its overthronged state. They complain of a competition which makes it a hard struggle for even the best qualified to prosper; a competition which reduces them to the necessity of accepting, even of soliciting, unpaid or inadequately paid offices; and which tends to demoralize professional life by offering rewards to the mere art of attracting public notice. Against this numerical increase of the medical profession the public can have nothing to say, so long as each admission is of a thoroughly qualified practitioner; for—subject to this condition—the larger the supply, the better will the public be served. But the public and the profession are equally and greatly interested in demanding that an over-numerous competition be not sustained by undue laxity in the admission of new candidates; and any reasonable complaint from the profession, that its ranks are over-full, evidently justifies the public in concluding that the standard of professional qualification might already with propriety have been raised.

With regard to the future, it is sufficient to notice that at least a possibility of very gross abuse is inseparable from the present system of irresponsible rival Examining Boards; and it is not one on which Parliament could be invited to rely, as a sufficient security for public interests. Probably

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of the entire profession will here concur with the views expressed by one of its most distinguished members: that, "the object and intentions being the same in respect of the requirements of the community, an urgent necessity exists for so far assimilating the qualifications, that the privileges conferred by the diploma or license shall never be used as a lure by any licensing body which might choose to enrich itself by lowering the standard of education, and debasing the character of the profession."

The standard, by which hereafter to accept or reject a candidate for the medical profession, if this profession is to be specially recognized at law, ought to be determined by two conflicting considerations. On the one hand, the highest scientific and practical teaching of the day gives a level to which, for the public interests, it were desirable that every candidate should have risen;\* on the other hand, in order not unduly to restrict the supply of tolerably competent practitioners, some reasonable indulgence is necessary. How is the compromise between these considerations to be arrived at? From the nature of the case, such a standard cannot be fixed by Act of Parliament. It must vary with the circumstances of the time; and the responsibility of regulating its application can but be entrusted to competent and disinterested judges.

2. Besides the evils which must belong to irresponsible competition among Examining Boards granting similar titles, there is in the present system this further evil. Some titles purport to be given after examination in all branches of professional science and practice, and to guarantee their bearer's qualifications equally in all; others express that their bearers have been examined in but one branch of practice with the connected science, and are guaranteed for that branch only; and, while there is this material difference

\* Examination in *practice* tests how far the candidate may properly at the moment be allowed to commence applying for the treatment of disease the actual recognized resources of his profession; but examination in *science* more nearly represents what eventually becomes of great interest to society and to the profession, how far the candidate, if admitted, is likely to augment the useful resources of the profession.—J.S.

in their import, titles of the latter class are extensively used as though they were evidences of general professional qualification. Constitution of the Medical Profession.

Thus, for instance, it recently appeared\* as the result of an examination of the titles published in the Medical Directory, that of 7,464 practitioners holding the diploma of the English College of Surgeons, and commonly known as "Surgeons," more than a fifth part (1,524) possessed no second title; and, since the English College of Surgeons examines in but one branch of practice, so, for anything which appears to the contrary, the above very considerable section of the recognized medical profession of England can offer no guarantee for its competent knowledge in the practice of medicine, or in the practice of midwifery, or in the practice of pharmacy. On the other hand, of 6,784 persons holding the license of the English Society of Apothecaries 879 (about 13 per cent.) were apparently unpossessed of any diploma to guarantee their knowledge even of the rudiments of surgery. The public is but imperfectly informed of these facts or their meaning. It is notorious that, as regards the great mass of professional practice, there can be no classification of patients to correspond with those half-qualifications of practitioners; and it would be unreasonable to doubt that, if 2,403 persons are practising with such half-qualifications, they must constantly be outstepping the limits of their recognized title to practise, and be assuming positions in which, so far as the professional title is a test, they must be classed with unqualified practitioners.

It may be accepted as quite proper that there should exist within the profession, as at present, a power by which certain Corporations of Physicians and Surgeons may award distinctive titles of honour to persons of riper age who show eminent qualifications for one or other branch of practice. But such distinctive titles ought not, it is held, to be given except as superadditions to the primary and general title

\* See a paper by G. M. Stansfeld, Esq., in the "Association Medical Journal," March 29, 1856.—J.S.



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which should mark every member of the medical profession. It seems an insecure arrangement for the public, and is contrary to the usage of all countries where the medical profession is recognized at law, that candidates should receive any legal recognition as medical practitioners, founded on their exclusive knowledge of one department of medicine; that they should be admitted to professional rank as "consulting surgeons," while perhaps ignorant of the elements of physic, or to professional rank as "physicians," while perhaps ignorant of the elements of surgery. If legal status is to be given to the medical practitioner, it ought to be on the basis that from all future candidates there will be exacted, first of all, the knowledge which would render them (according to the minimum standard of a pass-examination) competent for general practice; and that Corporations of Physicians and Surgeons, in giving distinctive titles to those whom they wish to designate as fit for the consulting departments of medical and surgical practice, will confer such titles only on persons who have previously passed through the "one portal."

3. Of existing medical titles those which possess any value at law possess for the most part only a local value. The English and Irish Colleges of Physicians and of Surgeons cannot enable their members to practise within the territory of the Scotch medical corporations; the physician of Edinburgh or London may not prescribe in Dublin; the Scotch or Irish general practitioner may not act as an apothecary in England; the English apothecary may not act as such in Ireland; physicians may be lawfully practising even in Manchester, or Liverpool, or Oxford, or Cambridge, whom the law considers disqualified from practising in London; and there are eminent practitioners in Edinburgh and Glasgow who could not legally extend their practice from the one city to the other.

It seems too obvious to require argument, that public confidence cannot reasonably be claimed for any such system as this; and that if the medical profession is to obtain recognition from the Legislature, those exclusive jurisdictions

must give way to a system under which the "legally qualified medical practitioner," subject only to such restrictions as may be requisite for the internal government of the profession, shall be entitled to practise, according to the nature of his qualification, in every part of the United Kingdom.

III. On any impartial review of the above circumstances, it must surely be acknowledged that the present system of admission to the medical profession does not give the public sufficient security for the attainments of the persons admitted. And in any hoped-for settlement of the profession, the task of providing this security can never be left to the mutually independent actions of twenty-one irresponsible authorities. If the long-vexed question of Medical Reform is ever to be set at rest, and if the medical practitioner is to be more distinctly than at present recognizable at law, and if the general tone of the profession is to be raised by the co-operation of powers which now too often only conflict with each other, assuredly these results can only come to pass by the existing authorities consenting to merge some share of their present independence in a general government of the profession. They, indeed, have a right to hope that this independence shall not be interfered with beyond the real necessities of the case; but the public and the profession have an equal right to expect that the power of independent action, vested of old in each institution, shall be regarded as a trust for the common good, and shall be found ready to subject itself to limitation such as changed circumstances may have rendered necessary.

1. It appears to be generally admitted that the principle of government by a Professional Council is the only one which promises to fulfil the requisite conditions. But, obviously, if such a Council is to do good, its powers must be more than nominal; and it requires careful consideration to determine, first, by what constitution it will be rendered a proper depository of such powers; and, secondly, what are the least powers of control which will enable it to fulfil its object.

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As regards the first question it seems indispensable, as the condition under which to vest such powers as it is proposed to vest in the Council, that the constitution of the body should render it, as completely and as evidently as possible, representative of all interests concerned.

Fortunately it appeared in last year's discussions of the subject that a very large majority of the examining institutions of the United Kingdom were ready to accept the Council proposed in Mr. Headlam's (second) Bill, as fulfilling their conception of a representative Council. Mr. Headlam's proposal in respect of the Council is, therefore, taken as a basis for the present plan, reserving only a margin for such modifications in detail as may render the representative character of the Council still more complete.\* It is hoped that under this constitution the power of the Council would not be an object of jealousy.

On the one hand, as regards those examining institutions which have formally expressed their desire to see such a Council established, they cannot reasonably object to investing the Council with sufficient power of control in relation to their common objects; nor, if those institutions are satisfied that the proposed balance of representation is tolerably just, can they reasonably shrink from accepting the arbitration of the Council in matters where their respective interests may be mutually discordant, or may require to be harmonized with the new system of admission to the medical profession.

\* The points on which it appears that questions may arise are chiefly the following:—1st, whether the Apothecaries' Company of Ireland can reasonably expect to send a representative to the Council—it being incontestable that the Company, under its Act of Incorporation, is constituted solely for the purpose of examining and licensing druggists, and that any action taken by it as a body for granting certificates of medical qualification has been in excess of its legal powers; 2ndly, whether the distribution of representatives among the several medical institutions of Scotland is as equitable an one as could be desired; 3rdly, whether the University of Durham, which in 1855 returned to the House of Commons that it had never yet held any examination for medical degrees, can be considered as having a *bonâ fide* interest in medical matters, and a claim to be represented in the Council; 4thly, whether the choice of the Crown in respect of the section of Council which it is to nominate ought to be restricted, or ought not, rather, to be left as a simple responsibility to choose the person whom it may judge best qualified to perform the duties of Councillor.—J.S.

On the other hand it is of great importance that the Constitution of the Medical Profession. general profession and the public should recognize, in the constitution of the Council, that its object is not exclusively to guard the vested rights of corporate institutions. A certain proportion of independent members is the best security that those peculiar interests shall not be too partially considered; and persons who demand this security will be satisfied, it appears, with Mr. Headlam's proposal that, while seventeen members of Council are to be delegated by different Universities and medical corporations, six members shall be appointed by the Crown.

2. Yet further, as it is of paramount importance to the success of the measure that the powers of the Council in matters of detail should be left, as far as may be, unfettered by minute provisions of law, it is proposed, as the utmost security against any possible abuse of those powers, that they should not be exercised without some sort of responsibility to Parliament. It is proposed, namely, that all important Acts of the Council shall require confirmation by Her Majesty; that a month's public notice shall be given of any Order for which it is intended to ask this confirmation; and that thus every opportunity shall be given, in cases of difference of opinion, for a minority of the Council to appeal to the Privy Council against any course of proceeding which it may consider objectionable. The proceedings of the Council, through the Minister who would be responsible for sanctioning them, would thus become subject to criticism in Parliament.

Under this arrangement, however large might be the powers of the Council, every institution affected by the law might feel secure that its individual rights would be duly respected; and the public also might know that those regulations, under which the future medical profession would be qualified and organized, could be only such as would likewise conduce to the interests of the general community.

3. If the principle be admitted, that a Council constituted on the proposed plan may be trusted with large discretionary powers, it will be unnecessary to touch by direct enactment any one of the existing Boards, except where the certificates

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of such Boards are to be used as legal warranty of qualifications to practice. So far as the Membership or Fellowship of any College, Company, or Faculty, or the Baccalaureat or Doctorate of any University, is desired as a title of honour, so far the law needs not in any manner interfere with the terms on which the title is granted. In this point of view, every Board might continue to examine as it now examines, to take fees as it now takes fees, and to give titles as it now gives titles. Even the exclusive jurisdictions of the different medical corporations might be left as they now stand, against persons who should not be registered under the new law. The essential reservation would be this: that so far as any medical diploma or certificate should be sought in order to its constituting a legal title to public privileges and immunities, so far the conditions of its granting should be subject to the approval of the Council.

The future candidate for legal recognition as a "qualified medical practitioner" must have attained a certain standard of knowledge; and his attainment of this standard must have been tested by a certain sufficient examination. The Council must have power to fix the standard, and to ensure that the test be applied. Powers below this necessity would be delusive; powers above it would be superfluous.

4. The arrangement which is proposed for these purposes is the following:—*first*, that all the present legally-constituted Examining Boards of the three divisions of the United Kingdom should be enacted to be the Examining Authority under the new law, and that, at any examination conducted by that authority for the purposes of the Act, the Council, and any member or deputy of the Council, should be entitled to be present:—*next*, that power should be given to the Council to make, after due public notice, and with the approval of Her Majesty in Privy Council, orders and regulations as follows:—

fixing, in respect of age, study, knowledge, and examination, the conditions under which the future candidate shall be admissible to the medical profession as a "qualified medical practitioner;"

determining, in respect of the several Examining Boards of the United Kingdom what share may be fulfilled by the certificate of each of them acting separately, or by the certificate of two or more of them acting conjointly, as contributory to the total certification which shall give admission to the register;

disallowing the future certificates of any Board which shall have conducted its examinations inefficiently or irregularly;

establishing, or causing to be established, an examination in particular branches of knowledge, general or professional, where arrangements for such examination shall not have been otherwise sufficiently provided.

It seems certain that, under these arrangements, the Council would be able to provide against the evils which are now alleged to exist in the system over which the Council would be appointed to watch. The present minute subdivision of the examining authority, the fragmentary nature of many diplomas, certificates, and licenses on which the candidate is admitted to practise, the tendency of irresponsible competition among Examining Boards constituted and paid on principles not favourable to strictness of examination—these are influences which the Council could estimate at their due weight, and, in case of need, could counteract by appropriate regulations. Under this supervision there might be ensured such uniformity of minimum qualification throughout the United Kingdom that the recognized medical practitioner of one part might properly claim the right of practising in any other part.

5. The Council must, from the nature of the case, be responsible for the proper keeping and publication of the Register; and as some difference of opinion appears to prevail as to the form in which the register should be kept, it is proposed that this matter should be determined by an Order of the Council, subject, like its other Orders and Regulations, to confirmation by Her Majesty in Privy Council; and that the Council should be enabled to provide in such Order for the keeping of separate registers of persons with special qualifica-



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tions, and thus to distinguish, as may be seen fit, the Bachelors and Doctors of Medicine of Universities, the Licentiates and Fellows of Colleges of Physicians, the Members and Fellows of Colleges of Surgeons, and so forth; also that such Order should provide for the payment by admitted candidates of whatever registration fees shall be deemed proper.

6. Provision being made for the publication of an authentic register of examined and approved practitioners, with such distinction of their respective qualifications as may be judged necessary for the object of the publication; and security being taken, so far as circumstances render practicable, that the names of none but well-qualified persons shall hereafter be added to the register, it becomes reasonable to claim for registered practitioners the privileges mentioned in the first part of this Memorandum, that they alone should constitute the medical profession in its legal sense, and that none but they should be competent to hold any public medical appointment, or do any public medical act, or recover payment for any alleged medical services. And since the public esteem in which a profession is held must depend on the moral character of its members, not less than on their technical attainments, it is fully consonant with the proposed object that the Council should be empowered to remove from the register the name of any person convicted of crime, or guilty, in his professional capacity, of immoral and disgraceful conduct.

IV. Legislation, to the extent thus far suggested, appears capable of realizing objects which, estimated either by a professional or by a social standard of importance, may fairly be considered the most important ends of medical reform; but many persons have thought that legislation should go further than this, and should not stop short of defining all differences of rank and department which exist within the pale of the profession. If the intention be that differences of rank and department, so far as they are at present described by the titles of various graduates, licentiates, members, and fellows of Universities and Medical Corporations, should be recognized in the register, it may be observed that this is

already provided for in the arrangements proposed. To the general register will be appended such special registers as the Order in Council shall determine. In the general register the member or licentiate of a College of Surgeons can be distinguished from the Fellow of a like College; the licentiate of a College of Physicians from the Doctor or Bachelor of an University, and so forth. In the special registers, graduates, and licentiates, and members, and Fellows of Universities and Medical Corporations, can be classed under heads corresponding to the various institutions from which their titles are derived, and to their rank in such institutions respectively. Every existing difference of title can thus be marked; and surely if a professional Council is to be constituted for any useful purpose, it cannot be requisite that the Imperial Legislature should settle for such a Council the manner in which to keep its lists of medical practitioners. If, on the other hand, it be intended that means be taken to distinguish more exactly than is yet done, in law or practice, the differences of professional class and privilege which may be claimed by the present holders of different titles respectively, it must be objected that this course, as regards existing members of the profession, would involve great embarrassment with little proportionate advantage. The public has no real difficulty in discovering who are the general practitioners of the profession, and who are the consulting practitioners, or in distinguishing among the latter class who are physicians and who are surgeons for consultation; but it would be a task of extraordinary difficulty under the present circumstances of the profession, to define each of those three classes in the strict language of legislation; and, if the existing profession, with its very great variety of half-legal and half conventional distinctions, had by law to be divided on the basis of that three-fold classification, there would be risk both of doing injustice within the profession itself, and also of misleading the public.

With respect to persons hereafter entering the profession, it will, no doubt, be desirable that the law should discriminate, on the one hand, the great mass of candidates who will seek

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to be registered with no more than the minimum qualification entitling them to that privilege; and, on the other hand, those whose more lengthened studies and higher attainments shall fit them to be designated as first-class practitioners in medicine, or in surgery, or in midwifery. Such a distinction of ranks can hardly fail to be of public advantage. By the prospect of attaining distinctive titles of honour with correlative professional rank, persons entering on a medical career may be powerfully induced to extend their education and increase their means of usefulness. But this object would be frustrated, and, so far as the public is concerned, the distinction of higher and lower titles would be valueless, if the higher rank could be attained on any other ground than that of higher professional excellence; and it would therefore be hazardous to propose legislation on this part of the subject unless Parliament were prepared either to decide as to the relative value of all medical titles of honour, or to submit the award of all such titles to the supervision of the Council, in a manner which could hardly be acceptable to the various institutions which grant them.

It accordingly seems that legislation in this part of the subject may properly be postponed. A first act of legislation will have attained very important results if it succeeds in giving a legal boundary to the medical profession, in fixing the general privileges of its members, in providing for the sufficient qualification of persons hereafter entering its rank, and in removing from the competent practitioner those local prohibitions of which at present he complains. If the internal distinctions of the profession require to be regulated by law more precisely than is now done by the titles of the different examining bodies, this may properly become the object of a second act of legislation; and if the plan now suggested were made the basis of a first measure, Her Majesty's Government, in considering the necessity for further legislation, would be assisted by the deliberations of the Council which this first measure proposes to constitute.

## THE MEDICAL ACT OF 1858.

### *Clause IV. of Mr. Cowper's Medical Practitioners Bill.*

The General Council of Medical Education and Registration of the United Kingdom, herein-after called the General Council, shall make orders and regulations in relation to the matters herein-after mentioned, as soon as conveniently may be after the commencement of this Act, and may from time to time repeal or alter any such orders or regulations, and make new orders or regulations in addition to or in substitution for all or any of the orders or regulations for the time being in force, but no such orders, regulations, repeals, or alterations shall have force until approved by Her Majesty in Council; and notice of the time when it shall please Her Majesty that any such orders or regulations, repeals or alterations as aforesaid, be taken into consideration by Her Privy Council, shall be published in the London Gazette one month at least before such appointed time.

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The following are the matters in relation to which such orders and regulations shall be made; (that is to say,)

Establishing a register or registers of medical practitioners qualified to practise under this Act, and any separate register or registers, if the General Council shall so think fit, of persons having degrees, diplomas, or special titles in medicine or surgery in addition to their authority to practise under this Act, and for adding such degrees, diplomas, and special titles to the general register of persons entitled to practise, and the form and manner in which such register or several registers shall be kept.

Defining the qualifications and conditions in respect of general and professional knowledge and course of study, and in respect of age and otherwise, which shall entitle persons (others than such as may be entitled in respect of qualifications existing before the 1st day of December 1858) to be registered, and what degrees, diplomas, certificates of examining bodies, or other testimonials, shall be required or admitted as evidence of such qualifications, or of the compliance with such conditions.

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And for the purpose aforesaid the orders or regulations may require that two or more of the examining bodies in any part of the United Kingdom shall co-operate in conducting a required examination and in certifying in relation thereto.

The General Council may if they think fit, by their orders or regulations approved as aforesaid, establish or provide for establishing examiners in any one or more of the branches of knowledge in which persons desirous of being registered must be qualified, in any part of the United Kingdom where examination in such branch or branches of knowledge is not otherwise provided for to the satisfaction of the General Council.

The General Council shall by their orders and regulations approved as aforesaid fix a fee to be paid on the registration of every person becoming entitled to be registered under the orders and regulations, such fee to be paid by the examining body by which the evidence entitling such person to be registered may be transmitted to the registrar.

*Sections XVIII. to XXII. of the Medical Act, 1858.*

XVIII. The several colleges and bodies in the United Kingdom, mentioned in Schedule (A.) to this Act, shall from time to time, when required by the General Council, furnish such Council with such information as they may require as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A.) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally as to the requisites for obtaining such qualifications; and any member or members of the General Council, or any person or persons deputed for this purpose by such Council, or by any branch council, may attend and be present at any such examinations.

XIX. Any two or more of the colleges and bodies in the United Kingdom mentioned in Schedule (A.) to this Act may, with the sanction and under the directions of the

General Council, unite or co-operate in conducting the examinations required for qualifications to be registered under this Act. The Medical  
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XX. In case it appear to the General Council that the course of study and examinations to be gone through in order to obtain any such qualification from any such college or body are not such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession, it shall be lawful for such General Council to represent the same to Her Majesty's most honourable Privy Council.

XXI. It shall be lawful for the Privy Council, upon any such representation as aforesaid, if it see fit, to order that any qualification granted by such college or body, after such time as may be mentioned in the order, shall not confer any right to be registered under this Act: Provided always, that it shall be lawful for Her Majesty, with the advice of Her Privy Council, when it is made to appear to Her, upon further representation from the General Council or otherwise, that such college or body has made effectual provision, to the satisfaction of such General Council, for the improvement of such course of study or examinations, or the mode of conducting such examinations, to revoke any such order.

XXII. After the time mentioned in this behalf in any such Order in Council, no person shall be entitled to be registered under this Act in respect of any such qualification as in such order mentioned, granted by the college or body to which such order relates, after the time therein mentioned, and the revocation of any such order shall not entitle any person to be registered in respect of any qualification granted before such revocation.

## THE OPERATION OF THE MEDICAL ACT.

## From the Twelfth Report to the Privy Council, 1869.

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Under the so-called "Medical Act" of 1858, which regulates for the United Kingdom the system of legal qualifications for practice in the Medical Profession, all responsibilities assigned to Her Majesty's Government for the purposes of the Act are vested in the Lords of the Council; and even apart from the special relation so constituted, my Lords, in their general relation to the health-interests of the country, would of course feel that questions concerning the efficiency of the Medical Profession are among the most important which could possibly claim their attention in this department. It was with this feeling that my Lords, in 1869, received from the General Council of Medical Registration and Education (the body which administers the Medical Act) a request that their Lordships would promote in Parliament certain amendments in the present law. The particular amendments which the Medical Council in the first instance had in view concerned only minor points in the law; but my Lords, considering that the Medical Act had now been more than ten years in operation, and that consequently a fair judgment might be formed whether the more essential provisions of the Act had been successful, directed the attention of the Medical Council to this larger aspect of the case. My Lords had been advised that, though no doubt the Medical Act (especially in so far as the supervision of the General Medical Council has induced individual examining boards to make their examinations stricter and more complete) has in some respects considerably improved medical education, and heightened the average standard of qualification for persons entering on the medical profession, there yet remain in our system of admissions to the profession very serious and radical defects, which under the present Act cannot be effectually dealt with; that, by reason of these defects, the public is largely without the security which it ought to have against the admission of incompetent persons on to the Register of legally-qualified medical practitioners; and that the circumstances under

which the Act is thus in great part insufficient for its professed public purpose are not such as any minor changes of the law can in any degree affect. My Lords, after conferring with the Medical Council on this view of the case, were satisfied of its substantial justice, and that they could not propose to Parliament to amend the Medical Act unless their proposals should extend to making considerable changes in its fundamental provisions. Their Lordships' communications with the Medical Council on the above subject were not completed before the end of the year 1869; but though the completion belongs to a somewhat later date than that where (strictly speaking) my present report ought to stop, I may be permitted to state, as the total result of these communications down to the date of my report, that my Lords have had the satisfaction of finding the Medical Council entirely in agreement with them as to the need for comprehensive amendments in the present system of admission to the medical profession, and substantially as to the kind of legislation which may best be proposed for this purpose.

The Act of 1858 was a first legislative endeavour to provide generally for the qualifications of persons entering the Medical Profession. It was of course essentially tentative. And for anyone who would now fully appreciate the nature of the questions which a re-consideration of the Act must involve, probably the simplest course is to start from the point of view in which the promoters of that tentative measure saw the exigencies of the original case. The Bill on which the Medical Act was founded was prepared under directions of the President of the then General Board of Health; of which Board I was at the time Medical Officer; and, as it was my duty, under the same directions, to prepare an office-memorandum explanatory of its point of view and intentions, I cannot do better for my present purpose than refer to that original memorandum.\* The Bill, as first

\* I ought perhaps to note that the Bill, though prepared as a Government measure, and at last passed as such, was, from accidental circumstances, not actually introduced as such in the House of Commons. For, at the moment when the President of the Board of Health, Mr. Cowper, was about to introduce it, a change of Government occurred; and, as there was uncertainty whether the



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introduced to Parliament, would have vested in the Medical Council ample initiative powers to regulate all conditions, in respect of general and professional knowledge and course of study, and in respect of age and otherwise, which should in future be obligatory on candidates for the medical profession; and the Council not only would have had authority to determine how far any diplomas or degrees, or other testimonials of examining boards, should be admissible as evidence of the candidates having fulfilled such conditions, but also would have been authorised to require of individual examining boards that they should combine with one another to conduct the necessary examinations. During the progress of the Bill, however, representations against these parts of it were made on behalf of some of the examining boards, and in deference to these representations the provisions were essentially changed. No doubt everyone saw that the law must of necessity be ineffective unless the final object of these provisions were, somehow or other, attained; but not unnaturally, while the working of the proposed Medical Council was hitherto quite untried, there was fear of investing the new body with too large initiative powers; and it was urged that, for the final object in view, other sorts of provision would be sufficient. The Bill was accordingly modified in the sense of this argument; so that no powers of general regulation were to be given to the Medical Council, nor any power to require co-operation of licensing boards; but so that the success of the law for its most important objects was made contingent on the willingness of the separate bodies to give effect to permissive clauses, by acting in voluntary concert or combination to regulate all conditions of candidature, and to conduct all required examinations. Sections 18-22 of the Medical Act contain the altered provisions which were thus enacted. And for convenience of comparison I refer to the original fourth clause of the Medical Practitioners' Bill, as well

new Government could deal with the matter in that somewhat advanced session, Mr. Cowper (acting as private member) introduced the bill. Subsequently the new Government adopted it in the modified form which my text describes, and Mr. Walpole carried it through its final stages in the House of Commons.—J.S.

as the just cited sections of the Act of 1858, which are printed above.

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It is evident that the parts of the Act to which this comparison refers—parts where, except in relation to certain very extreme cases, the Act is only permissive, are parts the most critically important. Indeed, as regards the interests of the public in the efficiency of the medical profession, those are the vital parts of the Act. And when my Lords had their attention drawn to the general question of the working of the Act, the inquiry which above all they had to make was, whether, under the influence of those parts, medical education, and the conditions and tests of minimum-qualification for admission to the medical profession, had developed into a satisfactory uniform system. My Lords, as I have stated, were advised that this had not been the case; that the evils of system which existed in 1858 were existing without material abatement in 1869. Having regard to what is the essence of our present system—that the responsibility of granting entrance to the ranks of the medical profession is assigned as a divisible privilege (incidentally of a very lucrative kind) to nineteen mutually independent and consequently competing corporations, each with liberty but imperfectly restricted to fix the conditions and apply the tests on which its own license shall be granted, I think there could not from the first have been much likelihood that thorough reform of the system would be effected under the Act of 1858. No doubt the bad results which attach to the system might have been much abated if all the examining boards had made vigorous and disinterested use of their powers under section 19 of the Act: but it must be remembered that such a course of action, besides that it would have involved a limitation in certain respects on the autonomy of the particular institutions, would also in various cases have raised questions of personal or institutional loss of income; and that a mere legal permission to persons or institutions to do certain acts of self-sacrifice may very naturally be understood to imply, in the judgment of the Legislature, the absence of much public reason for the sacrifice. It is certain moreover that, as the law stands, the dissent of



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any one much-frequented examining board would have sufficed more or less to frustrate, in relation to public interests, the reformatory efforts of all other boards in the same division, if not also in other divisions, of the United Kingdom; and I even think it doubtful whether, if all boards had conspired with thorough earnestness to attempt proper co-operation under section 19 of the Act, the object could have been fully attained without some additional legislation.

Be that as it may, the correspondence which took place between my Lords and the Medical Council on the working of the present Act, and of which all main parts are inserted in the Appendix to my Report, shows, as the actual state of things, beyond any possibility of doubt, that, after eleven years' experience of the Act in its present form, and notwithstanding whatever advantages it may have offered for voluntary amendments of plan, our old multiple system retains its fragmentary and competitive method of working, still directs medical education by the unharmonised rules and standards of nineteen different regulative bodies, and still involves, in relation to the public, substantially the same insecurities as were described in my Memorandum of 1858.

My Lords, in view of this state of the case, have determined to propose to Parliament a bill for the radical amendment of the Medical Act: an amendment which should have two main objects: one, that the many authorities which at present confer license for professional practice shall for the future only confer such license by acting conjointly with one another, in their respective divisions of the United Kingdom, under co-ordination and effective supervision by the General Medical Council; and the other, that in future no license shall be given for professional practice which does not imply (to the required minimum amount) qualifications both for medicine and for surgery.

# CORRESPONDENCE WITH THE GENERAL MEDICAL COUNCIL.

Correspondence  
with the General  
Medical Council

(a.) LETTER to the PRESIDENT of the GENERAL COUNCIL OF MEDICAL  
REGISTRATION AND EDUCATION.

Medical Department of the Privy Council Office,  
May 14, 1869.

SIR,

WITH reference to the draft Bill which you recently brought under the Lord President's notice, as proposed by the General Council of Medical Education and Registration, for amendment of the Medical Act, 1858, his Lordship directs me to inform you that, with every wish to assist the Medical Council in accomplishing its important duties, he does not feel that he could undertake to bring the proposals of the draft Bill separately before Parliament, as a measure recommended by the Government, unless he regarded them as covering all the ground where amendment of the Medical Act is wanted. For, considering that the Act has at present been more than ten years in operation, the Lord President presumes that a fair judgment can now be formed on its success and merits as a whole; and he thinks that a judgment of this more comprehensive sort must be the basis of any amending Bill to be introduced on the part of the Government. The Lord President would be glad to have the fullest possible explanations with the General Council on this larger aspect of the case; and, though the requisite consideration could not be given to the subject in time for legislation in the present far advanced session of Parliament, his Lordship would hope to be able to deal with it next year in the light of such information as he may meanwhile receive.

On the present occasion the Lord President does not propose to enter minutely on the question of the working of the Medical Act; but there is one point which his Lordship would wish to bring specially under your attention. His Lordship is advised that the Act is seriously defective, as not providing for a satisfactory and uniform minimum standard of admissibility to the Medical Register, and as not enabling the General Council to issue regulations in this respect. The state of the law in the United Kingdom (unlike that which obtains generally in Europe in the same matter) allows a minimum qualification in surgery to be registered without any qualification in medicine, and similarly a minimum qualification in medicine to be registered without any qualification in surgery; and so far as may be judged from a recently published analysis of titles contained in the Medical Register, it would seem that persons practising on those half-qualifications are to be counted by thousands in the United Kingdom. Cases are not infrequently brought under his Lordship's official notice, where persons, possessing only such half-qualifications, undertake nevertheless to act in all departments of professional practice, and even obtain engagement as salaried attendants on the sick poor in relation to whatever diseases or injuries may affect them. The Lord President regards this state of things as open to serious objection, and his Lordship doubts whether Government could sanction any amendment of the Medical Act which should leave so great an existing evil undealt with. The Lord President is, of course, aware that at the present time most of the examining boards which confer half qualifications, voluntarily extend their examinations beyond the limits of their titular qualification; but his Lordship doubts whether that mode of action, at its best, can supply more than a very imperfect substitute for complete legal qualification, and whether, if it were

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universal and permanent, it would not itself tend to develop considerable new difficulties.

The Lord President understands that the General Council will now very shortly enter upon its annual session in London, and he accordingly directs me to suggest that perhaps you would bring the above branch of the subject under the particular consideration of the Council, with a view to his being favoured with any recommendation which the Council may be disposed to make in regard of it.

His Lordship further directs me to suggest that the same opportunity would be favourable for eliciting the opinion of members of the Council whether, if new legislation is to take place, it would be desirable to change, in any respect, the constitution of Council which the Act of 1858 established.

I have the honor to be, Sir,

Your obedient servant,

JOHN SIMON.

[Here follows a letter in answer from the President of the Medical Council, and an extract from a report of a Committee of the Medical Council, in which the Medical Council expresses its agreement with the Lord President in considering that the Act is seriously defective, in that it allows a minimum qualification in Surgery to be registered without any qualification in Medicine, and similarly a minimum qualification in Medicine, without any qualification in Surgery.—ED.]

(c.) LETTER to the PRESIDENT of the GENERAL MEDICAL COUNCIL.

Medical Department of the Privy Council Office,  
February 2nd, 1870.

SIR,

I AM directed by the Lord President of Her Majesty's Council to state to you that, since his recent interview with the Executive Committee of the General Medical Council, and with the assistance of such information as you were then good enough to lay before him, he has given further and most careful consideration to the question of an amendment of the laws relating to the medical profession.

The Lord President, as you are aware from the letter which by his Lordship's direction I had the honour of addressing to your official predecessor, Dr. Burrows, on the 14th of May last, would have the greatest pleasure in finding himself able to co-operate with your Council in any course tending to promote the development of the medical profession, but could not on the part of Her Majesty's Government, bring before Parliament any Bill purporting to be for amendment of the Medical Acts, unless he believed it substantially to cover all the ground where amendment of those Acts is called for, and likely in consequence to be for some time a settlement in that branch of legislation.

Now, the Lord President's further consideration of the system under which candidates are at present admitted to legal qualification for practice, has greatly increased the misgivings with which his Lordship expressed himself on that subject in his former communication to your Council; and the Lord President thinks it certain that no new legislation could have in it a fair prospect of

permanence, or could, even for the time, be satisfactory to the profession and the public, unless it effected, or promised to effect, some very considerable improvement in that system.

That examinations for admission to the Medical Register are held by many mutually independent and in great part competing corporations, and that each examining board has its own separate set of conditions for admitting candidates to examination, is the system which now exists under supervision by your General Council; and whereas the Lord President's former communication adverted to some of the evils which are prevailing under that system, other evils incidental to it, and the obstacles which in the present state of the law delay such evils from being remedied, are abundantly shown in papers which you have communicated to his Lordship, and in other representations which have reached him.

The Lord President doubts whether the present system, under any practicable kind of supervision, can either work satisfactorily for medical education, or can provide adequate and uniform security for those great public interests which are concerned in the efficiency of the medical profession.

His Lordship is persuaded that doubts like these could not fail to be pressed in any parliamentary discussion of the Medical Acts; doubts, particularly, whether the conditions under which candidates are admitted to examination with a view to minimum-qualification for practice ought not to be expressed in a single code of regulations common to all examining boards of the United Kingdom; and whether, similarly, a more or less consolidated examining authority ought not to be substituted for the many separate examining boards which now act under your General Council in giving admission to the Medical Register.

The Lord President believes that opinions adverse to the present system are very generally entertained in the body of the medical profession by persons who may be regarded as competent and impartial observers; and that some of the most important public bodies concerned with the constitution of the profession have recorded resolutions in a like sense, and are even endeavouring to amend the working of the system by voluntary arrangements with one another.

The report, moreover, which you brought under the Lord President's notice, as recently made to your Council by a Committee specially appointed to consider the subject of Medical Education, expresses itself in terms so unqualified as to an urgent necessity for consolidation of examining authorities, and as to the general grounds on which that necessity rests, that the Lord President regards this question as presumably ripe for decision.

The recommendation of that Education Committee of your Council is, that "leaving to the universities and corporations full liberty to deal as they please with their honorary distinctions and degrees, the Medical Council should endeavour to effect such combinations of the licensing bodies included in schedule (A.) as may form a conjoint examining board for each division of the Kingdom, before which every person who desires a licence to practice should appear, and by whom he should be examined in all subjects;" and your Executive Committee (referring to the possibility that such consolidations might not be adopted on mere recommendation) represents to the Lord President that "in the opinion of many members of the Council the Medical Act is deficient in not granting compulsory power to effect such amalgamations of examining boards as may seem desirable."

Accordingly, in view of all the circumstances, the Lord President would not be willing to submit to Parliament any proposals for amending the Medical Act in such minor respects as were touched by the Council's draft Bill of last Session,

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unless he were, at the same time, in a position to propose larger improvements in the present system; but if it be the wish of your Council that legislation in this larger sense should be asked for, particularly such legislation as your Executive Committee seems to have in view, the Lord President would hope to be able to propose to Parliament a Bill to give effect to such intentions.

The Lord President therefore directs me to request that you will have the goodness to take the sense of the Council on this question. And I am also to state to you that his Lordship would have little hope of carrying any measure in this next session of Parliament, unless he were enabled to introduce it without any considerable delay.

I am, &c.

JOHN SIMON.

(f.) LETTER from the PRESIDENT of the GENERAL MEDICAL COUNCIL.

General Council of Medical Education and Registration,  
32, Soho Square, London, W., 1st March 1870.

SIR,

I BEG leave to acquaint you, for the information of the Lord President of Her Majesty's Council, that your letter of the 2nd February, written by direction of his Lordship, the receipt of which I have already acknowledged, seemed to me to deal with matters of so much importance, and to require so early a reply, that I thought it advisable to summon without delay a meeting of the General Medical Council for its consideration.

The General Medical Council desires me to express the great satisfaction with which it received the intimation conveyed in your letter, that the Lord President would hope to propose to Parliament a measure for amending the Medical Act, which should remedy not only such defects as were touched on by the Medical Council's Draft Bill of last session, but effect much larger and more important improvements in the system under which persons now receive licences to exercise the profession of medicine.

In addition to former communications from the Medical Council relative to the matters requiring legislation in any new Medical Act, I now beg to forward for the information of the Lord President, copies of resolutions agreed to by the Medical Council at its meetings on the 26th and 28th February 1870, when your letter was brought under its consideration.

You will see from these resolutions that the Medical Council agrees with the Lord President in thinking that the present system of medical examination entitling to registration requires amendment, and that the Council considers that some more or less consolidated examining authority should be instituted.

The Council has decided that this may be best accomplished by the formation of a conjoint examining board in each division of the kingdom, such board being constituted by a combination of the present licensing bodies on a plan to be hereafter determined.

The Council believe that arrangements may be thus made, which, with the least injury to existing institutions, will ensure that the examination for license to practise shall be in every respect complete and trustworthy.

The Council has appointed its executive committee to confer with the Lord President, and to bring before him, for his consideration, the various provisions which it would be necessary to introduce into an amended Act, in order to carry out the objects stated in this and former communications from the Council.

I have only further to acquaint you, that the executive committee will be prepared to attend upon his Lordship at any time that he may appoint.

I have, &c.

(Signed) GEORGE EDWARD PAGET, M.D.,  
President of the General Medical Council.

John Simon, Esq., F.R.S.,  
Medical Officer to the Privy Council.

*Resolutions agreed to by the Medical Council at its Meetings on the 26th and 28th of February and 1st March 1870.*

"That this Council is of opinion that a joint examining board should be formed in each of the three divisions of the kingdom, and that every person who desires to be registered under any of the qualifications recognized in schedule (A.) to the Medical Act shall be required, previously to such registration, to appear before one of these boards, and be examined on all the subjects which may be deemed advisable by the Medical Council; the rights and privileges of the universities and corporations being left in all other respects the same as at present."

"That in accordance with the foregoing resolution (minutes for February 25, 1870, section 2), the universities and medical corporations established in each division of the United Kingdom shall be requested to concert a scheme for the constitution and regulation of a conjoint examining board for that part of the kingdom to which they belong, and shall on or before June 1, 1870, transmit such scheme to the consideration of the General Medical Council."

"That any alterations in the aforesaid schemes, deemed necessary by the Council, should be considered by the conjoint bodies, and their opinion reported to the Council; and that, in case of disagreement between any of the conjoint bodies and the Council, the points of difference should be referred to the consideration and decision of Her Majesty's Privy Council. That the same course should be followed if in process of time it should be considered advisable to make any alteration in the original constitution or rules of the conjoint examining boards."

"That the powers required for carrying the foregoing resolutions into operation be sought from the Legislature; and that Her Majesty's Government be requested to bring in and carry through Parliament a Bill to amend the Medical Acts, which shall contain the requisite provisions."

"That it is the opinion of this Council that if power be granted to the Medical Council to register under certain restrictions foreign or colonial degrees or diplomas, the holders of such foreign or colonial degrees or diplomas should undergo the same examination before one of these conjoint boards which will be necessary in the case of every person who desires to register under any of the qualifications recognized under schedule (A.) of the Medical Act."

"That in any amending Medical Bill it is desirable that a clause should be inserted enabling the General Medical Council, or any of the branch councils, to establish a board or boards for the examination of intending medical students in general education."

"That in the opinion of this Council it is desirable that all medical corporations should possess the power legally exercised by some of them of striking off from their lists the name of any person registered under the Medical Act, under any of the qualifications conferred by those bodies, who shall have been convicted in England or Ireland of any felony or misdemeanor, or in Scotland of any crime or offence, or shall after due inquiry be judged by any one of those bodies, or

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agreed to by the  
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Resolutions agreed to by the Medical Council. by the General Medical Council, to have been guilty of infamous conduct in any professional respect; and that a clause to this effect should be introduced into any amending Medical Act."

## THE MEDICAL ACTS AMENDMENT BILL.

### From the Thirteenth Report to the Privy Council, 1870.

Constitution of the Medical Profession.

In my last report I described in detail certain communications which this department had had with the *General Council of Medical Registration and Education* on the subject of the working of the Medical Act of 1858, and stated the determination to which your Lordships, at the date when I was reporting, had come, to propose to Parliament a Bill for the radical amendment of the Medical Act. Proceedings connected with this purpose formed in 1870 a large share of the work of the department. On the 8th of April the Lord President introduced in the House of Lords a Bill to provide for the object in view: and on the 7th of July this Bill, somewhat modified, but with no essential change, as the result of its discussion in the House of Lords, had its first reading in the House of Commons. Here, unfortunately, there was such pressure of other public business that the Bill could not till long afterwards be brought under consideration; and when at last its turn for consideration had arrived, the end of the session was so close that no measure requiring much discussion could be considered. In this state of the case claims were put forward for the introduction of a new and very controversial subject-matter into the Bill; and as the promoters of those claims (which related to the constitution of the General Medical Council) would not consent to postpone them for consideration to the present session of Parliament, the Minister in charge of the Bill was of course obliged to withdraw it.

I subjoin as an Appendix the following papers:—a departmental memorandum, written at the time in explanation of the Lord President's Bill, and now supplemented by a note on each of the two chief questions which were discussed while

the Bill was in progress; and a tabular statement as to the constituencies which are at present represented by delegates in the Medical Council.

## MEMORANDUM ON THE LORD PRESIDENT'S MEDICAL ACTS AMENDMENT BILL OF 1870.

The Bill has two main objects\*:—one, that the many authorities which at present confer license for professional practice shall for the future only confer such license by acting conjointly with one another, in their respective divisions of the United Kingdom, under co-ordination by the General Medical Council; and the other, that in future there shall not be given any license for professional practice, which does not imply (to the required minimum amount) qualifications both for medicine and for surgery.

It is intended that the existing authorities should have every proper opportunity to effect the required consolidation by voluntary arrangements with one another; which arrangements notoriously may have to be different in the different divisions of the United Kingdom. As, however, differences of opinion or conflicting interests among the authorities may absolutely require arbitration, and as each divisional arrangement will in great part be of common public concern, and may even in certain cases require to be explained and justified in Parliament, the bill proposes—first, that the constitution of each of the new boards shall be subject to the approval of the general council, and, secondly, that doth these divisional constitutions, and also the regulations which the general council will have to establish for their common working, shall be subject to the approval of Her Majesty's Government.

As regards the question what privileges and titles shall be conferrable by the new boards, and under what sort of limitation, the bill distinguishes between that least degree of qualification which shall give admission to the medical register, and, on the other hand, those higher titles of professional honour which various of the licensing bodies have in their award. As regards the latter, the bill does not propose to interfere in any way whatever with the discretion of the individual authorities, except (if indeed this can be called an exception) that the higher titles will be awardable only to persons already members of the profession;† but, with the aim of exciting a more general ambition for the attainment of the higher titles, the bill proposes that, for each future practitioner, the general council shall have power to state such higher titles in a separate column of the register, as distinct from the practitioner's minimum qualification. With regard to the minimum qualification itself, the principle of the bill is that each of the new boards must be deemed to represent, for the division of the United Kingdom in which it acts, all separate licensing boards which have hitherto been in action there; and that, so far as relates to the privilege of giving a legal qualification for practice, thus far the old boards are to be understood as merging themselves completely in the new board, and as exercising their powers solely through it. The bill, therefore, proposes that every candidate who passes a satisfactory examination before the new board shall thereupon immediately be admitted a member of the medical profession as by law constituted. As regards the title under which this new member

\* See, below, observation i.

† See, below, observation ii.

Memorandum on the Lord President's Bill of 1870.



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on the Lord  
President's Bill  
of 1870.

of the profession shall be enrolled in the medical register, regard has been had to two considerations; first, that for common popular apprehension it is highly desirable to have a minimum title which can be the same in each division of the United Kingdom; and secondly, that in the present case it is quite impossible to express in any single title the joint responsibility of the five or six or seven public bodies which will have contributed to constitute the examining board; and, on these grounds, the bill proposes that the legal title under which the new practitioner is to be registered shall be the title of "Licentiate in Medicine and Surgery."

The proposal of the bill, that, when a candidate has satisfied his examiners, his right to be registered shall not be contingent on the further fact of his being admitted as member by some medical corporation or university, is one so intimately related to the main principles of the bill that even its form could not easily be varied. But as some of the bodies concerned, and especially some of the medical corporations, are understood to attach importance to privileges which this proposal seems to touch, some collateral proposals of the bill are intended to secure those privileges against any unnecessary interference. In the first place, as regards the financial interests concerned, the principle is accepted that the fees of persons entering the medical profession may fairly be expected, not only to pay the expenses of the divisional examining boards, and of the council and branch councils by which these boards are superintended, but also to a reasonable extent (as measured by what has heretofore been done in the same matter) to supply a surplus out of which various of the bodies may be enabled to support museums and libraries for the general professional advantage, and to promote higher professional culture in their respective departments of practice. And, in the second place, though the future licentiate will not be bound to have relations of personal enrolment with any of the former licensing bodies, the bill contains provisions specially intended to facilitate the voluntary establishment of such relations, and to give them where they shall be established the highest reasonable degree of recognition. It is proposed that the universities and medical corporations may, at their option, accept the examinations of the new boards as equivalent to any examinations which have heretofore had to be undergone by candidates for the respective minor titles of those bodies; further, as regards cases where the surplus of examination fees is allotted to particular institutions for the furtherance of professional objects, that such institutions may be required to enrol as members the licentiates who have contributed towards such fees; and, finally, that these optional relations with institutions, though not to be of any legal force beyond such as the byelaws of the particular institution would confer, may, at the desire of the institution, be noted by the general council in a special column of the medical register.

#### SUBSEQUENT OBSERVATIONS ON THE BILL.

Subsequent  
Observations on  
the Bill.

(i.) The fact that the Bill did not aim at the further object of altering the constitution of the General Medical Council was, from a particular point of view, objected to it as a defect. But—apart from all question whether the constitution of the Medical Council ought or ought not to be altered, and what alteration, if any, it ought to undergo, impartial persons duly informed of the circumstances, will I believe admit that the bill, as it stood, was one of extreme difficulty, by reason of the sectional interests which it affected, and that this difficulty would have been enormously aggravated, though with little prospect of equivalent advantage, if the bill had further opened the collateral and almost interminable

question of a *de novo* constitution for the Medical Council. It is true that the voices which last year were loudest for a new constitution of council were calling only for one particular sort of change; that, namely, of adding to the council a certain number of persons who should be chosen by the universal suffrage of the members of the medical profession in the United Kingdom. But there is no reason to suppose that, if this proposal had come under parliamentary notice, the change would have been accepted *sub silentio*, as, by common consent, an improvement in the present constitution of the council, or as something which, if incorporated in the Lord President's bill, might be viewed as not greatly modifying the remainder. The present construction of the council, as fixed by the Act of 1858, represents a kind of compromise between the profession and the public, arrived at with difficulty after long and renewed discussion, which, while it lasted, effectually prevented all legislation to amend the license system of the medical profession; and if that compromise were put forward for reconsideration, probably a new settlement would be scarcely less difficult than the old. The two objects at which the Lord President's bill of 1870 actually aimed were, I believe, universally admitted to be of great and urgent importance to the public; and experience suggested that the attainment of those objects might be quite indefinitely delayed if, in endeavours to compass them by legislation, the constitution of the General Medical Council must also be treated as an open question.—J.S., 1871.

Subsequent  
Observations on  
the Bill.

(ii.) Some of the universities objected to this provision that it would limit their privileges beyond the positive requirements of public safety, for that it would debar them from conferring medical degrees (which they contended might be merely titles of honour) on persons not intending to practice medicine. They insisted on retaining the independent liberty to confer, though on persons not registered under the Act, such medical degrees as they might see fit; but they were ready to accept as law that their degrees should not constitute any claim for registration, nor be a legal qualification for practice, nor even be publicly usable by the possessor (unless otherwise qualified) if practising medicine for gain. The universities which claimed this exemption had perhaps not duly considered what conflict of law and common sense it might popularly appear, that, in a country where the most illiterate and unskilled of unregistered persons are not as such prohibited from practice, a man legally holding a medical degree, given (and perhaps the highest which could be given) after examination by an university of the United Kingdom, might be under penalty for practising his profession. Nor perhaps had they fully seen how difficult it would be for courts of justice in case of need to enforce so paradoxical a law, or how probably this partial-exemption, if it were granted, would tend to perpetuate just such by-ways into the medical profession as the bill had for its main object to close. Practically, however, for reasons which need not here be entered on, there was no alternative but to yield to the wishes of the universities; and consequently the granting (whether by universities or by medical corporations) of mere titles, not giving the holder a claim to registration, was exempted from restriction by the bill.

This change was, I think, to be regretted, as making the bill logically less complete in its subject matter, and therefore less popularly intelligible, and less susceptible of successful working as law, than it aimed at being; but the damage was immeasurably overrated by persons who represented the change to be one of cardinal importance to the bill. Those who asked for the exemption I have described did not gainsay the principle of the bill, that every one seeking to be recognised at law as a medical practitioner must enter the profession by the common portal. And their claim for exemption was confessedly subject to the

Subsequent  
Observations on  
the Bill.

condition that no side-door into medical *practice* should be established by it. Therefore, of two alternatives, one:—either this condition would have been observed, and then the essential public object of the bill would have been attained; or else, the exemption being abused, the case for at once further amending the law would be irresistible. At the compromise of leaving unchanged and on trial that very small fraction of our present system, all the main practical mischief of the system would have been immediately brought under control.—J.S., 1871.

Constituences  
represented in  
the Medical  
Council.

TABULAR STATEMENT (according to Returns made in 1870) as to the NINETEEN BODIES by which the representative MEMBERS of the GENERAL MEDICAL COUNCIL are elected.

N.B.—Each of the under-mentioned Bodies is separately represented in the Council, except that one member represents jointly the two Universities of Edinburgh and Aberdeen, and one member the two Universities of Glasgow and St. Andrew's. In addition to these 17 delegates from institutions, there are in the Council six members appointed by the Crown, and an additional member, the President, appointed by the above 23: the total number being 24.

Bodies represented in the Medical Council.	Board or Body of Persons acting as the Body mentioned in the previous column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other qualification giving a vote.
Royal College of Physicians, London.	"The commonalty or 'fellowship of the faculty of physic,' incorporated by royal charter of Henry VIII. in 1518, confirmed by Act of Parliament, 14 & 15 Henry VIII. cap. 5.	On Feb. 26, 1870, 235 persons or fellows.	The constituency and the electoral board or body are one and the same.
Royal College of Surgeons of England.	The council of the college.	The council, when complete, consists of 24 members.	The fellows of the college, in number exceeding 1,300.
The Apothecaries' Society of London.	The master warden and assistants of the society, who are constituted the governing body of the society by the charter of incorporation granted by James I., and confirmed by Act of Parliament, 55 Geo. III. cap. 194.	24 persons - -	The members of the body are appointed by the body itself.
The University of Oxford.	The convocation of the university.	4,323, in 1870.	A person to be entitled to vote in convocation, must have taken the degree of Master of Arts, or of Doctor in Laws, Divinity, or Medicine.

Constituences  
represented in  
the Medical  
Council.

Bodies represented in the Medical Council.	Board or Body of Persons acting as the Body mentioned in the previous column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other qualification giving a vote.
The University of Cambridge.	The senate of the university.	Of about 5,500 persons. Although all members of the senate are entitled to vote, non-residents rarely do vote at the election. There are about 280 resident members of the senate.	A member of the senate is a person who (1), has taken the degree of Master of Arts, Master of Laws or of Doctor in some faculty; (2), retains his name on the boards of some college or on the university register; and (3), has declared himself a bona fide member of the Church of England. Masters of surgery of <i>three years'</i> standing who have fulfilled conditions (2) and (3) are also members of the senate.
The University of Durham.	The convocation of the university.	280 at the present time.	A person to be entitled to vote in convocation must have:— (1.) Taken a degree of D.D., D.C.L., M.D., or M.A., in the university. (2.) Continued without interruption to be a member of the university from the date of his admission to such degree. (3.) Declared in writing that he is a bona fide member of the United Church of England and Ireland as by law established; and (4.) Discharged the duties and payments required from him. The payments are 1 <i>l.</i> annually, or, in lieu of it, a composition of 5 <i>l.</i>
The University of London.	The senate of the university.	The senate consists of 36 members, inclusive of the chancellor and vice-chancellor.	The members of the senate are nominated by the Crown, but every fourth appointment is made from a list of three persons nominated by the convocation of the university.
The College of Physicians Edinburgh.	The fellows of the college on the roll of attendance.	At present of 61 (Feb. 26, 1870).	By the fellows from the members of the college. No other qualification gives a vote.
The College of Surgeons Edinburgh.	The fellows of the college.	About 250 at present.	All fellows, except those who claim the privilege of the widows' fund, and who are examined, are elected by ballot. All fellows must have been licentiates of the Royal Colleges of Surgeons of England, Edinburgh, or Ireland, or of the Faculty of Physicians and Surgeons of Glasgow.

Constituences  
represented in  
the Medical  
Council.

Bodies represented in the Medical Council.	Board or Body of Persons acting as the Body mentioned in the previous column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Mem- bers of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other qualification giving a vote.
The Faculty of Physicians and Surgeons of Glasgow.	The fellows of the cor- poration.	At present (Feb. 28) 110.	The fellowship is the on- ly qualification which gives a vote.
The University of Edinburgh,	The senatus acade- micus.	34 - - - -	The Crown. Board of curators. University Court. Under ordi- nance of Universities Commission (21 & 22 Vict. c. 83).
<i>conjointly with</i>			
The University of Aberdeen,	The senatus acade- micus.	22 - - - - The principal - 1 Professors in arts 6 Do. law 1 Do. divinity 4 Do. medicine 10	The principal and pro- fessors are appointed for life as follows:— By the Crown 17 By the University Court 4 By a special body of electors nominated by the synod of Aberdeen and the University 1
The University of Glasgow.	The senate of the uni- versity.	The principal and 25 professors.	Of the 26 members, 17 are appointed by the Crown; eight are ap- pointed by the Uni- versity Court. One is appointed by the Dean of Council of the Faculty of Procurators of Glasgow.
<i>conjointly with</i>			
The University of St. Andrew's.	The senatus acade- micus of the Uni- versity of St. An- drew's, which is composed of the professors of both colleges.	14 - - - -	
The King and Queen's College of Physicians in Ireland.	The president and fellows of the col- lege.	47 members - -	Licentiates of the college are from time to time elected fellows by the existing fellows.
The Royal College of Surgeons in Ireland.	The president, vice- president, and coun- cil of the college.	21 - - - -	Annually elected by the fellows.
The Apothecaries' Hall of Ireland.	The general court of council.	At present 35, the number being limited to 60.	The shareholders of the joint stock of the hall, who must be licentiates of the body residing in or near Dublin.
The University of Dublin.	The provost and senior fellows of University College.	Eight - - - -	The fellows are elected by the provost and senior fellows after a competitive examina- tion.
The Queen's Uni- versity in Ire- land.	The senate of the uni- versity.	25 members, the chancellor and 24 senators.	Two of the present senators were elected by the convocation of the university, and the rest were appointed by the Crown. Ultimately there will be six sena- tors representing con- vocation, and 13 ap- pointed by the Crown.

## A REPORT WRITTEN BY REQUEST, AND ADOPTED BY THE MEDICAL TEACHERS' ASSOCIATION.

[The following report may appropriately be added to the papers relating to the Constitution of the Medical Profession. When the Association was formed in 1867 Mr. Simon was invited to be its first President, in which capacity he wrote the following report, many of the suggestions in which have been operative.—Ed.]

I.—The reference on which this Report is made was Medical Teachers' Association Report.  
resolved by the Association, on March 23rd last, in the following terms:—"That it be referred to the Council to  
" consider the conditions of study now imposed on Candidates  
" for the Medical Profession in this country, and to report  
" to the Association, at or before the next annual meeting,  
" whether in their opinion any, and if any what, changes  
" ought to be made in those conditions; and also whether,  
" with a view to improving medical education, it would be  
" desirable to make any alterations in the present constitu-  
" tion and relations of the Medical Schools in London." In  
connection with this reference, we also received from the  
Association some draft Resolutions which Mr. Rivington had  
proposed on the subject of the medical curriculum; and  
likewise a Report, which had been made by a Special Com-  
mittee, on the out-patient practice of Hospitals in relation to  
medical teaching.

II.—In responding to the reference which has been made  
to us, we do not propose to discuss the abstract question,  
whether, under very different circumstances to those which  
actually obtain in this country, Authorities licensing for the  
Medical Profession might with advantage rely exclusively on  
the completeness and stringency of their own examinations  
as tests of the competency of candidates; and might, with  
this reliance, leave each student altogether at liberty to



determine for himself the conditions of time, place, and manner, under which his necessary knowledge should be acquired. We assume that in this country, under present circumstances, the principle of so-called "free studentship" could not be generally adopted; and we accept as our present basis, that every student wishing to offer himself for examination under the Medical Act in order to obtain his licence for practice must in the first instance shew that he has gone through such a course of study as will probably have qualified him for the licence. In taking this basis, however, we feel bound expressly to point out that it cannot properly be made a ground for any illusory requisitions. In proportion as Examining Boards are obliged to supplement their examinations by any kind of collateral evidence, the quality of such evidence tends to be a matter of little less public concern than the quality of the examinations themselves; and every certificate which is accepted in aid of a system of examination ought to be a certificate either of actual attainment of the knowledge in question, or at least a certificate of genuine and presumably sufficient study.

III.—In proceeding to comment on the present conditions of candidature for the Medical Profession in this country, we first have to remind the Association that there does not yet exist, either by authority or by common consent, any one set of Regulations which can be cited as representing the national minimum of requirement in this matter; that, on the contrary, the nineteen different Corporations which give admission to the Medical Register (and in very great part only by half titles to general practice) act in virtual independence of one another, each with its own set of conditions; that, for instance, our London pupil, who would commonly purpose to procure, as his minimum title to general practice, the two semi-qualifications of the College of Surgeons and Apothecaries' Company respectively, or of the College of Surgeons and College of Physicians respectively, cannot find a set of conditions common even to his two co-qualifying Corporations, but must let his education advance, as it best can, under direction of two unassociated, not to say conflicting,

taskmasters. The above-described state of things is one which we regard with extreme regret and disapproval. We do not question the right of each Corporation to fix for itself any special conditions under which it will award such distinctive higher titles of honour, medical or surgical, as may be in its gift; but we think it self-evident that such titles ought only to be awardable to persons already registered, or entitled to be registered, in respect of having passed a minimum examination common to all departments of the Profession; and we hold it to be essential to any improved system of medical education, that the conditions of mere (minimum) admissibility to the Medical Register, both as regards examination itself, and as regards proofs of previous study, should not as now be different at different Examining Boards, and be in great degree variable at their separate option, but should be fixed from time to time, by the General Educational Authority, in one common code of regulations. To procure this simplicity of government for our Profession has been, for longer than living memory, the endeavour of all intelligent medical reformers, both primarily in order to a better conduct of medical education, and ulteriorly for the better fulfilment of our relations to the public: to promote its adoption was the main purpose with which the Medical Act of 1858, with its expensive consultative machinery, was advocated: and we think that our Medical Schools, no less than the general public, may reasonably complain that, ten years after the passing of the Act, the old chaos of rules and qualifications is still continuing as before.

IV.—For the purposes of the present Report (written with particular reference to medical education in London) we may conveniently advert to the regulations of the College of Surgeons and Apothecaries' Company, as those which are of most practical influence, and as representing jointly the kind of law under which our profession has to be studied. The total of professional education to be required as minimum qualification from the candidate for general practice (excluding his so-called preliminary education) is distributed under



eighteen different heads, strictly marked off from one another, and generally with a definite length of supposed teaching allotted to each:—(1) Anatomy by systematic lectures, (2) Anatomy by dissections, (3) Chemistry by systematic lectures, (4) Chemistry practically in laboratory, (5) Botany, (6) Physiology, (7) Materia Medica by systematic lectures, (8) Materia Medica by apprenticeship or otherwise as practical pharmacy, (9) Surgery by systematic lectures, (10) Surgery by hospital attendance and clinical lectures, (11) Surgery by acting as dresser or otherwise in charge of patients, (12) Medicine by systematic lectures, (13) Medicine by hospital attendance and clinical lectures, (14) Midwifery by systematic lectures, (15) Midwifery by attendance on cases, (16) Vaccination, (17) Morbid Anatomy, (18) Forensic Medicine. Under nine of these heads the student must be certified to have "attended" systematic courses of lectures of definite length, and in four of the nine to have "attended" the systematic courses twice over in successive years; also, in regard of hospital practice and clinical lectures, he must be certified to have attended during two years for medicine, and during two and a half years for surgery; his "instruction" in practical chemistry and "study" of practical pharmacy must each be certified to have been of three months' duration; and his midwifery cases and vaccinations must have been not less than 20. Certain of the subjects must be taught only from October to March inclusive, certain others only from May to July inclusive. Twice in each year the student must register at each of the two institutions his attendances on lectures and practice, and he must also have registered his studentship at the office of the General Medical Council. His schedule of certificates for the College of Surgeons has 19 separate sections, his schedule for the Apothecaries' Company has other 19: with only very small exceptions, all 38 must have been separately signed by teachers in "recognized Medical Schools;" and certificates as to the nine kinds of systematic lectures must have been given by at least eight different persons. As introductory to these detailed regulations, there are the following general rules, unfortunately

not identical for the two Licensing Corporations:—(1) that the candidate apothecary must have been for five years an apothecary's apprentice, and have attended a medical school for three years; and (2) that the candidate-surgeon must have been for at least four years engaged in the acquirement of professional knowledge, and have attended a Medical School for at least two and a half years at the time. Each Board divides its examination into two parts: but the student is not in either case under any obligation to have an interval between the two parts of examination.

V.—It seems to us that these Regulations are in general needlessly minute, and in some respects improperly stringent; and that, while in this sense they interfere objectionably with the freedom of those whom they affect, the elaborate machinery of Certificates and Registers, which purports to be their security for good education, is in itself as deceptive as it is troublesome. For the Certificates do not even professedly vouch for more than the mere bodily attendance of students on various occasions of teaching, and in reality (as the Licensing Boards are well aware) mean little or nothing else than that the student has paid such fees as have entitled him to attend the courses in question.

The excess of regulation is the essential evil. For of all the regulations it has to be remembered, that they relate not to ends, but only to means: not to the actual possession of knowledge (for which the appointed control is Examination) but only to modes in which knowledge may be acquired; and there can hardly be a greater fault in legislation than to over-multiply and over-magnify ordinances of this secondary sort. We hesitate to say that any such regulation ought to be universal; and those which we think may be almost universal are few and simple. As four well-employed years certainly represent the least time in which a young man of good ability, and with fair preliminary education, can moderately well acquire the knowledges which are now supposed to be learnt in the medical curriculum, so Examining Boards (if only to protect themselves against swarms of half-educated applicants) must almost necessarily require every candidate to give proof of thus much pro-

fessional study; and as it is evident, with regard to the chief part of the knowledges, that practically they are not to be learnt except in certain properly constituted establishments, so it is no hardship on the student to require proof at his hands that his studies, for (say) three years of the time, have been in such an establishment: the responsibility of "recognising" which, as duly constituted for its purpose, must of necessity be vested in the authority which governs the education. Yet even in applying propositions of this great breadth, caution against over-stringent regulations is not superfluous. Every possible latitude of choice, consistent with the supposition of *bond fide* study, ought to be allowed as to modes and places of education. To insist unconditionally on attendance on systematic courses of lectures (to the ignoring of systematic reading and other modes of study by which the same sort of knowledge may be acquired) is, we think, wrong; and we are also of opinion that no student ought to be forced to learn in any specific establishment anything which he can reasonably be supposed able to learn elsewhere. Thus, if a student prefers to learn botany or chemistry elsewhere than in a Medical School, he ought, in our opinion, to be free to do so; and if he prefers to get his systematic view of surgery or materia medica by reading printed text-books of those subjects, rather than by having (so to speak) the same text-books read to him by lecturers, we see no reason why he should not be let act upon his option.

Similarly we are of opinion that neither the central Authority's power of withholding "recognition" from a Medical School, nor its power of making detailed requisitions from candidates for examination, ought ever to be so applied as to enforce that in indifferent matters all schools shall organise their teaching on the same pattern. In this point of view we object to the minuteness with which the present system insists on its particular subdivision of the subject-matters of medical teaching, and on the number of lectures to be given uninterchangeably under each of a great variety of heads, and on the giving of certain lectures only in one special part of the year, and so forth. We have already

suggested that very undue importance is attached to systematic courses, as contrasted with other modes in which knowledge may equally well be acquired; and a fixed general law that the same systematic courses must be attended twice over in successive years is, in our opinion, preposterous.

It seems to us that central regulations tending to influence plans of education ought not to be conceived in this extremely narrow spirit; that such regulations cannot properly aim at more than to provide for the broad necessities of the case, including such few first principles of method as would universally be deemed right and important; that what remains beyond this (and doubtless very much does remain) is matter of internal school-discipline, to be dealt with by each school in its own way.

VI.—The only sort of regulation tending towards detail, which we think might be of universal application, would be to prevent as far as possible certain gross confusions of study. If the candidate is to be required to shew that he has spent at least four years in studying sciences and practice, it ought we think to be made incumbent on him to give his various proofs of study progressively, and at intervals, during that time. At present, in the case of a considerable proportion of students, the first year or eighteen months of the supposed four years of study may be spent in ways which it would be flattery to call educational; and then the very extensive and complex curriculum of the examining boards has virtually to be got through in three, or two and a half, years—a time so utterly insufficient for its professed purposes, that almost of necessity the student falls into inextricable confusion of thought, and emerges at length with but more or less smattering of the knowledges which he ought to have acquired. Regulations allotting particular studies to particular periods of studentship are useless unless they be enforced by such corresponding compulsory subdivisions of examination as shall ensure that the student learns in each period the matter which he is expected to learn; but, if so enforced, they represent in our opinion the best mode in which compulsory influences can be applied to details of

medical education; and we are of opinion that compulsion of this sort, provided it be not too detailed, may very properly and expediently be made part of a code of general regulations. The various special knowledges which are at present required as minimum qualification for entering upon practice (in addition to the proofs of preliminary education) may be classified under three heads, as follows:—first, certain general scientific knowledge; second, anatomical and physiological knowledge; third, pathological and practical knowledge:—the first, as to botany, physics, chemistry, and, if the University of London is the examining board, zoology; the second, as to anatomy, topographical and structural, and physiology with physiological chemistry; the third, as to pathological anatomy, pathological chemistry, principles and practice of medicine, principles and practice of surgery, principles and practice of midwifery, pharmacy, forensic medicine. It would, we think, be a proper compulsory principle, that the student should not be allowed to count study in the second of these divisions till he had shewn himself proficient in the first, nor to count study in the third till he had shewn himself proficient in the second. Also the least number of years (say four) which a student is required to give to medical studies might so far be compulsorily allotted in divisions, that the third examination should not be permitted till two years after the second, nor the second till one year after the first.

Whether any general regulations beyond such as the above can conduce to the real success of medical education seems to us extremely doubtful. Any one who will consider, for instance, what total of subject-matter has to be treated under the two heads of anatomy and physiology, will see that the total might be very differently divided in two different schools, and yet be equally well taught in both. Still more, any one who will consider what total of subject-matter has to be taught under different heads of pathology and practice will see, first, that a division of systematic courses of lectures into the five sections of *materia medica*, medicine, surgery, midwifery, and forensic medicine, is by no means the only

division which could be deemed reasonable; and secondly, that even the total of systematic courses might be of very different magnitude in two different schools according as departments were more or less developed for various sections and subsections of clinical instruction, for practical pharmacy, for laboratory analysis, &c. &c. These are details in which it would seem best, not that all schools should be subject to one rigid rule, but rather that all should be as free as possible to choose the particular machinery wherewith honorably to compete for the character of giving good education. A well-manned school, put on its mettle, might be expected to improve very greatly on many present arrangements; especially by the lecturers concerting that their courses, both in extent and in succession of parts, should properly fit into one another, instead of being (as now) almost independent performances, with a vast deal of overlapping and repetition, and sometimes not a little mutual contradiction. Of the valuable suggestions recently made by Dr. Parkes for the improvement of medical education, many in our opinion are not suitable matter for universal central regulation, but are eminently such as might be realised in schools competing with one another under a system which should leave to them for all minor matters the largest possible amount of free action.

VII.—If then we assume that the knowledges to be required from the candidate for minimum qualification in the profession are still to be, in kind, those which the present London regulations purport to require, our Curriculum, briefly stated, and subject to reasonable provision for exceptional cases, would be this. The examinations to be passed by the candidate would in all be at least four in number;—first, in common preliminary education; second, in preliminary scientific education—the chemistry, physics, botany and zoology, of the present system; third, in anatomy and physiology; fourth (which might perhaps have to be sub-divided) *materia medica*, pathology, forensic medicine, and the several departments of practice. To the fourth examination he would not be admissible till at least two years after the third, nor to the third till at least one year



after the second, nor to the second till at least one year after the first. Thus his four years would have been used methodically. To at least the first and second examinations he would be admissible on the principle of "free student-ship"—*i.e.* without being required to adduce evidence of having learnt in any particular way, or in any particular establishment. Chemistry and physics, botany and zoology, would in this respect be on the same footing as English and Latin and arithmetic. For admissibility to the third examination he would have to produce a certificate from "recognised" teachers that he had for at least one year, since the date of his second pass, studied anatomy and physiology under their direction, according to the method of their school, and had done so to their satisfaction. Similarly, for admissibility to the fourth examination, he would have to produce a certificate from "recognised" teachers that he had for two years, since his third pass, studied pathology and the several branches of practice under their direction, according to the method of their school, and had done so to their satisfaction; and for this examination he would also have to shew that he had attained the age for legal responsibility. Whether the final examination should, to complete it, involve some sort of recapitulatory examination in matters of previous passes, is *à priori* doubtful; but we incline to recommend that at any rate it should not generally do so with the minuteness of the original examinations.

VIII.—Securities for the proper working of such a system as the above may be looked for in three different directions: first, namely, in the guardedness of "recognition;" second, in the efficiency and strictness of examining boards; third, in the legitimate competition of schools: but it is on the second and third of these influences, and especially on their conjoint operation, that we would almost unreservedly rely. Each of the three points, however, requires to be separately considered.

1. As regards the "recognition" of schools, we have already suggested that this discretion ought to be vested in the General Educational Authority, rather than in a number of unconnected Corporations, and we would wish to see it

exercised in the most liberal spirit. We of course know that, if schools are over-numerous, those who conduct them must be proportionately ill-paid; but any direct restriction of numbers is impossible as regards the claimants of recognition, and to attempt it would contravene first principles of public policy. The only right and possible restriction on numbers is to make sure by indirect ways that ill-conducted schools shall not be commercially profitable: for, if this result can be attained, such schools will have no inducement to arise, and the supply of good schools will numerically adjust itself to the demand. In this respect it would be a great gain that compulsory regulations should not, as now, artificially force the multiplication of lectureships. And though Mr. Rivington's proposal, that certain branches of the curriculum should not be taught in separate medical schools but only in one central establishment, is of a sort which in our opinion lies far beyond the province of direct regulation, we would gladly see schools left in greater freedom than they virtually now have, to make such voluntary arrangements as would tend more or less completely to realise Mr. Rivington's object. We would propose that the recognisability of medical schools should be in divisions corresponding to the divisions of examination,—that a school should be recognisable as a School of Pathology and Practice, or as a School of Anatomy and Physiology, or as both. A school applying for recognition in either capacity, or in both, would have to shew itself, to the satisfaction of the Authority, possessed of all requisite means and organisation for properly teaching whatever it claimed to teach; and the Authority would also have to see, in some detail, that the instructional programme of the school thoroughly covered the ground in which students would be entitled to expect instruction. Some establishments might care only to act in one or both of the strictly medical capacities, for which alone "recognition" would be necessary; but others, at their own option, might also have their respective sections of preliminary science, which, for obvious reasons, if they were well-conducted, would no doubt still (though without compulsion) be the almost invariable resort of first year's students; and finally some



few establishments (as is now the case with King's and University Colleges) might happen also to have common preliminary education attainable within the same walls as the scientific and technical education.

2. The most important aspect of the question of medical education is not as to the forms and processes which candidates shall go through, but as to the intellectual fruits which they shall ripen; for the forms and processes will sooner or later regulate and adapt themselves, to secure whatever results must be attained as the end and aim of the curriculum. These (broadly speaking) are such results as shall satisfy certain examiners: and whether the process of education truly gives fruit according to its programme, whether the knowledges nominally claimable of the student are knowledges really acquired by him, is an issue which will be mainly contingent on the mode in which examinations are conducted. We therefore cannot too strongly express our opinion that a lax or incompetent administration of this great trust is among the most grievous wrongs which can be inflicted on our profession and the public. Not only with reference to the ultimate aim of securing in the public interests that only well-qualified candidates shall recruit the ranks of our profession, but equally with reference to the mediate aim (now specially under our notice) of securing that medical schools shall be well-conducted, it is, in our opinion, of the very first urgency that nothing approaching to inefficiency should be tolerated in any Board of Examiners. Especially too the reforms which we advocate depend so very much for their possibility on the confidence with which examinations can be regarded as adequate tests of education, that we are forced to insist on this point. We cannot conceive that public interests are properly cared for, where large permanent Boards, with no distribution of subject-matter, conduct their whole range of examination equally by all their members: believing, as we do, that every subject which ought to be separately taught ought also to be separately examined in, and that the examiner in each subject should represent as far as possible the very best special knowledge of the time.

And we also think it very important that examiners should as far as possible be so appointed as not to have any pecuniary interest in the number of accepted candidates.

Here too we have to add another important qualification. We are of opinion that the controlling Authority ought to define with very much more precision than is now used, within what area of knowledge candidates for minimum qualification are to be examined,—to what exact extent in chemistry, to what exact extent in physiology, to what exact extent in forensic medicine, and so forth. We would insist that examinations should be thoroughly searching and strict within the area to which they purport to extend; and it is in order to this object that the examiner's requisition of knowledge should in the first instance be well defined. The present programme, unless it be understood with modifications which are not expressed in it, is, we think, too pretentious for its object. We cannot hope (much as we might wish) that every one entering upon practice in the United Kingdom shall have thoroughly mastered all the studies which are now nominally comprised in his curriculum,—all the botany, physics and chemistry, all the anatomy and physiology, all the forensic medicine and pharmacology, &c.; but if the requisition of the examining Authority in regard of each such subject-matter were defined in the manner we suggest, a really thorough knowledge within that more limited area might, we think, be made indispensable, and very advantageously be substituted for smatterings of larger pretension.

3. Subject to the above qualifications, we may now complete our scheme of securities. Schools, constituted as we have described, would be at liberty, under the described conditions, to present their students for examination: and the legitimate competition of schools—competition, namely, as to which of them shall shew the best educational results, is the influence which remains to be provided for. The course which in this respect ought in our opinion to be taken, is to provide that returns from all Examining Boards should annually be made to the general Authority, and by this Authority be published: stating, with all such particulars as might conduce to exact comparison, what had been the

proportions of pluck and pass in each class of candidates sent up by the several schools respectively. The public would thus have the best attainable means for forming its own conclusions as to the relative efficiency of each school; and as those conclusions would certainly in the main determine the prosperity of the school, so the interest of the teachers would be very directly identified with the merits of their system of teaching. And thus, in our opinion, Medical Education would be far more likely to improve than under a continuance of the present illusory regulations.

IX.—In concluding our Report it is perhaps desirable for us expressly to point out that the conditions of qualification to which it refers are exclusively those of minimum qualification for the Profession, and that we therefore do not pretend to have exhausted the subject of medical education. We, on the contrary, think it incalculably important that persons entering the Profession should to the utmost be moved by adequate inducements to continue their education far beyond the comparatively low point at which a standard of minimum qualification must be fixed; and in this point of view the conditions under which the various Corporations confer their higher titular distinctions, seems to us only of less public interest than the conditions of minimum qualification. It would, however, be beyond the limits of our commission to enter upon this subject, or to discuss educational provisions (such as of course every first-class school ought to contain) for licentiates who wish thus to extend their studies. And we only advert here to those branches of the general subject, lest it should in any degree be supposed that we have been unmindful of their great importance.

J. S.

June 26th, 1868.

## THE PRACTICE OF PHARMACY IN GREAT BRITAIN.